Aggregate Direct Services Data Collection Tool – SNP List

Program Name: _____   *(optional)* Activity Location Name: _____

Directions: *For each unique set of activities, please enter the requested information on Pages 1 and 2 of this form.*

Date Information: Single or Start Date (mm/dd/yyyy): __ / __ / ____   End Date (mm/dd/yyyy): __ / __ / ____

Enter **ONE** modality code in the box (optional): ☐☐

Modality	**00** Not specified	**04** In-person consultation/service	**08** Phone consultation
Codes:	**01** Case management	**05** Support group session	**09** Mailing/distribution of materials
	02 Home visit	**06** Class/workshop	**99** Other
	03 Mobile service	**07** Public/community event	

Please mark (X) ALL applicable activities and subactivities associated with the modality entered above.

Result 1: Improved Family Functioning (Family Support, Education and Services)

☐ Behavioral, Substance Abuse, and Mental Health Services
- ☐ Substance abuse treatment/screening
- ☐ Mental health/Behavioral assessment
- ☐ Behavioral aides
- ☐ Play therapy
- ☐ Parent-child intervention
- ☐ Other psychological counseling
- ☐ Social skills training
- ☐ Psychiatric/medication services
- ☐ Behavioral consultation
- ☐ Individual behavior plan
- ☐ Other therapy

☐ Adult Education and Literacy for Parents
- ☐ Adult literacy programs
- ☐ Job training/citizenship/other adult education

☐ Community Resource and Referral
☐ Distribution of Kit for New Parents
☐ Family Literacy Programs
☐ Provision of Basic Family Needs (Food, Clothes, Housing)
- ☐ Provision of food, clothes, emergency funds, housing, or other basic needs
- ☐ Enrollment/assistance with TANF, WIC, Food Stamps, or food program
- ☐ Transportation services or voucher

☐ Targeted Intensive Parent Support Services
- ☐ Respite care

☐ General Parenting Education Programs
☐ Other Family Functioning Support Services
- ☐ Family planning
- ☐ Service coordination

Result 2: Improved Child Development (Child Development Services)

☐ Preschool for 3 and 4 Year Olds
☐ Comprehensive Screening and Assessments
- ☐ Developmental screening – SNP protocol
- ☐ Speech and language assessment
- ☐ Other screening or assessment

☐ Targeted Intensive Intervention for Identified Special Needs
- ☐ Consultation on speech and language
- ☐ Group speech and language therapy
- ☐ Individual speech and language therapy
- ☐ Socialization group
- ☐ Specialized movement class

☐ Inclusive recreation program
☐ Integrated play group
☐ Buddy program
☐ Social-emotional curriculum
☐ Discrete trial training or other behavioral teaching program

☐ Early Education Programs for Children (Other than School Readiness and Preschool for 3 and/or 4 year olds)
- ☐ Recreational/physical activities for children alone or together with parents
- ☐ ECE*/child care subsidies or vouchers
- ☐ ECE*/child care resources and referral

☐ Kindergarten Transition Services
☐ Other Child Development Services

*ECE = Early care and education

Aggregate Direct Services Data Collection Tool – SNP List

Result 3: Improved Health (Health Education and Services)

☐ Breastfeeding Assistance
☐ Nutrition and Fitness
☐ Other Health Education
☐ Health Access
☐ Home Visitation for Newborns
☐ Oral Health
    ☐ Dental screening
    ☐ Dental treatment
    ☐ Oral health education
☐ Prenatal Care
☐ Primary Care Services (Immunizations and/or Well-Child Checkups)
    ☐ General health screening
    ☐ Vision screening
    ☐ Hearing screening
    ☐ Other screening

☐ Immunizations
☐ Well-baby or well-child checkups
☐ Safety Education and Intentional and Unintentional Injury Prevention
    ☐ Safety education and injury/violence prevention
    ☐ Car seat distribution
☐ Specialty Medical Services
    ☐ Audiology services
    ☐ Vision services
    ☐ Physical therapy
    ☐ Occupational therapy
    ☐ Assistive technology services
    ☐ Medical evaluation for diagnosis
    ☐ Nursing services
    ☐ Other health services
☐ Tobacco Cessation Education and Treatment
☐ Other Health Services

Directions: *Please enter nonduplicated count; each participant should only be counted once per fiscal year per type of activity.*

		Children (0 to 5)*	Parents/guardians	Other family members
Total number of participants:				
Ethnicity (Number of participants)	Alaska Native or American Indian			
	Asian			
	Black/African-American			
	Hispanic/Latino			
	Pacific Islander			
	White			
	Multiracial			
	Other			
	Unknown			
	Ethnic total: Should = total # of participants (top line)			
Primary language** (Number of participants)	English			
	Cantonese			
	Hmong			
	Korean			
	Mandarin			
	Spanish			
	Tagalog			
	Vietnamese			
	Other			
	Unknown			
	Language total: Should = total # of participants (top line)			

		Children age 0-5	Children age 0-5 with disabilities or other special needs
Age (Number of children)	Less than 3 years old		
	3 to 5 years*		
	Unknown		
Age total: Should = total # of children (top line)			

* Up to a child's 6th birthday.
** Breakdowns by languages are optional for parents and other family members.